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CENTER FOR DRUG EVALUATION AND RESEARCH APPROVAL PACKAGE FOR:

APPLICATION NUMBER 50-783

Chemistry Review(s)

DEC 2 7 2000

Division of Derr		tal Drug Products, HFD-540	
Title: Doxycycli		Type II	
1. CHEM REVIEW No. 1	2. REV	TEW DATE: 12-Dec-00	
3. <u>ITEM REVIEWED:</u> A. IDENTIFICATION USAN:	Daw of Park	• .	
	Doxycycline hy ry Name: Doxycyclir hemiethanolate.	e hydrochloride hemihydrate	
Tradename	PerioStat		
Manufacturer's Coo	de: MA51		
Chemical Name: CAS Number:	,4,4a,5,5a,6,11,1	,5aα,6α,12aα)]-4-(Dimethylamino)- 2a-octahydro-3,5,10,12-12a-pentahydrox xo-2-naphthacenecarboxamide monohydro	
B. LOCATION IN DMF	24370-14-3		-
	te of Submission	Location of Information	
·	Feb-00	Vol.6.1, dated 2/18/00	
	Jun-99 '	Vol.6.1, dated 6/2/99	
	e of Document	Comment	
AADA 02-639 / 3-006 06-,	Aug-96	Adequate Review	
5. NAME & ADDRESS OF I NAME: ADDRESS:	OMF HOLDER AND	D REPRESENTATIVE(S):	
-	L		
REPRESENTATIVE or U.S NAME:	. AGENT (if applica	ble):	
ADDRESS:			
6. <u>DMF REFERENCED FOR</u>	l:		
NDA/ANDA/SUPPLEMEN		783	
PRIMARY DMF (as needed)			
APPLICANT NAME:		ex Pharmaceuticals	
LOA DATE:	06-Mar-0		
DRUG PRODUCT NAME:	PerioStat		
DOSAGE FORM:	Tablet	CODE: 500	
STRENGTH:	20 mg		
ROUTE OF ADMINISTRAT		CODE: 001	

7.	SUPPORTING DOCUMENTS:	AADA 62-839	7/S-008, Dtd. 8/8/96
8.	CURRENT STATUS OF DMF: DATE OF LAST UPDATE OF DMF: DATE OF MOST RECENT LIST OF OPROVIDED:		OR WHICH LOA'S HAVE BEEN
10.	CONSULTS:	Not Applicabl	le
	COMMENTS: 2/99 & 2/18/00 amendments were review to doxycycline hyclate manufacturing. To fyrm Both amendments	The latter review	
12. This re	CONCLUSIONS: view of DMF found both the 6/2/9	99 and 2/18/00 a	nmendments to be ADEQUATE.
	er, there is an Informational Request in the onducted on the doxycycline hyclate synt		
	·		James D. Vidra, Ph.D. Review Chemist HFD-830/HFD-540
	· -		Wilson H. DeCarpp, Ph.D. Chemistry Team Leader HFD-830/HFD-540

cc:

DMF (2copies)
HFD-540/Div File NDA 50-783
HFD-540/ProjMgr/Cross
HFD-540/ChmTL/DeCamp
R/D Init by JD Vidra

File: Dm

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	Division of D		Amendment 90 2. REVIEW DATE: January 4, 2001		
		Title:			
I. С Н	IEM REVIEW No.	56	2. R	EVIEW DATE: January 4, 2001	
3. <u>IT</u> I	EM REVIEWED:				
	A. IDENTIFICATI	ON			
	USAN:		Not Applical	ble	
	· Ingredient Di	ctionary Name:	Not Applical	<u>ole</u>	
	Tradename:		7		
	Manufacture				
	Chemical Na		Not Applica		
	CAS Number	••	Not Applica	ble	
	B. LOCATION IN	DMF			
	f Submission	Date of Subr	nission Lo	ecation of Information	
	ment 90	17-Apr-00		ol. 6.1	
Amend	ment 90	07-Dec-99 ·	v	ol. 5.1	
	EVIOUS DOCUME				
Type o	f Document	Date of Docu	<u>iment</u> C	<u>omment</u>	
5.	NAME & ADDRES	S OF DMF H	OI DER AND	REPRESENTATIVE(S):	
	NAME:	S OI DIMI II	OLD LA AMB	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	ADDRESS:	(\	
		1	•	ک	
			•		
	CONTACT PERSON	i i			_
	TITLE, DEPARTME	ENT:			J
	ADDRESS:	/	Same as above	ve. 🥎	
	TELEPHONE:	ľ		7	
. ,	DMF REFERENCE	D FOR:			
	NDA\ANDA\IND:		NDA 50-783		
	PRIMARY DMF (as	needed):	Not Applicab	le	
	APPLICANT NAME	-		Pharmaceuticals	
	LOA DATE:		March 7, 200	00	
]	DRUG PRODUCT N	IAME:	PerioStat		
	DÖSAGE FORM:		Tablet	CODE: 500	
	STRENGTH:	_	20 mg		•
]	ROUTE OF ADMIN	ISTRATION:	Oral	CODE: 001	1
	SUPPORTING DO	TIMENTS.			
	Amendment	UMLEN I ST	22-Feb-00	Update of Authorized Companies	
-			100-00	- here or viewormen combanes	

DMI	F	Page 2 of 5
8.		
	BEEN PROVIDED:	22-Feb-00
9.	CONSULTS:	Not Applicable
10.	COMMENTS:	
Two	Amendment 90s on	were reviewed and found ADEQUATE.
11.	CONCLUSIONS:	ADEQUATE.
		181

Review Chemist, HFD-830/HFD-540

Wilson H. DeCamp, Ph.D.

James D. Vidra, Ph.D.

Chemistry Team Leader, HFD 830/HFD-540

Attachments (3)

CC:

DMF 2 copies)

HFD-540/Division File for NDA 50-783/000

HFD-540/Chm/Vidra

HFD-540/PM/Cross

HFD-540/ChmTL/DeCamp

R/D Init by. Vidra

File: DMR

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Division of De	ermatological and Do DMF: DMF:	ental Drug Prodi MF Type: III	ucts, HFD-540	
Title:	DIVIT.	Type. III		
1. CHEM REVIEW No.	5	2. REVIEW D	ATE: 08-Jan-0	1
3. <u>ITEM REVIEWED:</u> A. IDENTIFICATION USAN:	ON	Not Applicable		
Ingredient Die Tradename: Manufacturer		Not Applicable		
Chemical Nan CAS Number:	,	Not Applicable Not Applicable		
B. LOCATION IN I Type of Submission Amendment	OMF Date of Submission 21-Jan-00	Location of Vols. 2.	Information .1 – 2.4	
4. PREVIOUS DOCUMEN Type of Document Review	NTS Date of Document 13-Apr-00	Comment Adequate for		2
Review .	26-Apr-00	Adequate for		
5. <u>NAME & ADDRESS</u> NAME: ADDRESS:	OF DMF HOLDE	R AND REPRES	SENTATIVE(S	<u>5):</u>
CONTACT PERSON	_	•		
ADDRESS: TELEPHONE:	Same	as above.	J	
NDA/ANDA/SUPPLE	MENT/IND: NDA			·
APPLICANT NAME: LOA DATE:	Collac Febru	Genex Pharmacet ary 14, 2000	uticals, Inc.	
DOSAGE FORM: STRENGTH:	Tablet 20 mg		CODE: 001	
Type of Submission Amendment 4. PREVIOUS DOCUMENT Type of Document Review 8. NAME & ADDRESS NAME: ADDRESS: CONTACT PERSON ADDRESS: TELEPHONE: 8. DMF REFERENCEI NDA/ANDA/SUPPLE PRIMARY DMF (as in APPLICANT NAME: LOA DATE: DRUG PRODUCT NA DOSAGE FORM:	Date of Submission 21-Jan-00 NTS Date of Document 13-Apr-00 26-Apr-00 SOF DMF HOLDE Same D FOR: EMENT/IND: NDA Reeded): Not A Collad Februa AME: Perios Tablet 20 mg	Comment Adequate for Adequate for RAND REPRES as above. 50-783/000 pplicable Genex Pharmaceu ary 14, 2000 Stat	SENTATIVE(S	3

DMR	Page 2 of 3

- 7. <u>SUPPORTING DOCUMENTS:</u> None
- 8. <u>CURRENT STATUS OF DMF:</u>

DATE OF LAST UPDATE OF DMF: January 21, 2000

DATE OF MOST RECENT LIST OF COMPANIES FOR WHICH LOA'S HAVE

BEEN PROVIDED:

January 21, 2000

9. <u>CONSULTS:</u>

Not Applicable

10. COMMENTS: ADEQUATE for

11. CONCLUSIONS: ADEQUATE

James D. Vidra, Ph.D.

Review Chemist, HFD-540/HFD-830

Wilson H. Decamp, Ph.D.

Review Chemist, HFD-540/HFD-830

Attachinents (3)

Cc: DMF 2 copies)

HFD-540/DivFile NDA 50-783

HFD-540/PrjMgt/Cross HFD-540/Chm/Vidra

HFD-540/ChmTL/DeCamp

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DIVISION OF DERMATOLOGICAL AND DENTAL DRUG PRODUCTS

Review of Chemistry, Manufacturing, and Controls

NDA #: 50-783/000	CHEM.REVIEW #: 1	<u>REVIEW DATE</u> :	12-Jan-01
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SUBMISSION/TYPE	DOCUMENT DATE	CDER DATE	ASSIGNED DATE
Original	31-Mar-00	04-Apr-00	10-Apr-00
Amendment BC	17-Apr-00	18-Apr-00	02-May-00
Amendment XR	20-Apr-00	21-Apr-00	NAI on 09-May-00
Amendment BC	24-Apr-00	25-Apr-00	01-May-00
Amendment BC	11-Oct-00	12-Oct-00	18-Oct-00
Amendment BC	19-Dec-00	20-Dec-00	29-Dec-00
Amendment BC	05-Jan-01	09-Jan-01	09-Jan-01
Amendment BC	10-Jan-01	11-Jan-01	11-Jan-01

NAME & ADDRESS OF APPLICANT:

CollaGenex Pharmaceuticals, Inc.

41 University Drive

Newtown, Pennsylvania 18940 ATTN: Christopher Powala Senior Director

Drug Development & Regulatory Affairs

Telephone No. (215) 579-7388 Fax No. (215) 579-8577

DRUG PRODUCT NAME

Proprietary: PerioStat

Nonproprietary/USAN: Doxycycline Hyclate

Code Names/#'s: Doxycycline Hydrochloride

Hemihydrate hemeiethanolate

Chemical Type/ Antibiotic

Therapeutic Classes: 3S

ANDA Suitability Petition/DESI/Patent Status: NOT APPLICABLE!

PHARMACOLOGICAL CATEGORY/INDICATION: Treatment of Adult Periodontitis

DOSAGE FORM: Tablet STRENGTHS: 20 mg

ROUTE OF ADMINISTRATION: Oral

DISPENSED: Rx X OTC ___

CHEMICAL NAME, STRUCTURAL FORMULA, MOLECULAR FORMULA, MOL.WT:

4-(Dimethylamino)-1,4,4a,5,5a,6,11,12a-octahydro-3,5,10,12,12a-pentahydroxy-6-methyl-1,11-dioxo-2-naphthacenecarboxamide monohydrochloride with ethyl alcohol (2:1) monohydrate.

Molecular Weight: 1025.89

NDA 50-783

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PerioStat (doxycycline hyclate) Tablet, 20 mg

Molecular Formula:

 $(C_{22}H_{24}N_2O_8.HCl)_2.C_2H_5OH.1/2H_2O$

Structural Formula:

doxycycline hyclate

SUPPORTING DOCUMENTS:

Type / Number	Subject	Holder	Status	Review Date	Letter Date
Type II DMF			Adequate	1/3/01	3/6/00
Type III DMF			Adequate ,	4/20/00	2/22/00
Type III DMF			Adequate	1/4/01	3/7/00
Type III DMF		[Adequate	12/19/00	3/17/00
Type III DMF			Both Adequate	o 1g, 4/13/00 o 3g, 1/8/01	o 1g LOA on 2/14/00 o 3g LOA on 2/14/00
Type III DMF			Adequate	9/21/99	3/21/00
Type IV		!	Adequate	2/28/00	8/23/00
NDA 50-744	PerioStat Capsules	CollaGenex Pharmaceuticals, Inc.	Approved	9/30/98	NA

REMARKS/COMMENTS:

The PerioStat Tablet is similar to the previously approved PerioStat Capsules (NDA 50-744 approved on 9/30/98) with respect to drug substance concentration and labeling. The clinical indication also remains the same, e.g., for the treatment of adult periodontitis. No additional clinical studies were conducted with the PerioStat Tablets, only bioequivalence studies to demonstrate equivalence with the previous PerioStat Capsules. Most of the tablet ingredients are similar to the capsule ingredients with the exception of the tablet film coating, which was reviewed in Type IV DMF and found adequate. The major CMC factors to be reviewed in NDA 50-783 include the tablet film coating, the dissolution rate of the tablet (primarily a biopharmaceutical function), the length of stability data for the new drug product, additional product quality tests and the new container closure systems.

Page 3 of 29 NDA 50-783 PerioStat (doxycycline hyclate) Tablet, 20 mg The PerioStat Tablets will be sampled in a Blister Card of eight tablets and commercialized square bottles containing 60 tablets and in 325 cc containing 1,000 tablets. Each of the two bottle also contains a desiccant, land a child-resistant white plastic cap with liner. The drug substance, doxycycline hyclate, was upgraded into a new DMF format from its previous AADA format involving many minor areas. A new supplier identified that manufactured s one of two possible starting materials used in the synthesis of doxycycline hyclate. Drug Master File found adequate for these drug substance changes. The two manufacturers and packager were prepared for inspection and found acceptable. **CONCLUSIONS & RECOMMENDATIONS:** NDA 50-783/000 is Recommended for Approval.

James D. Vidra, Ph.D. Review Chemist

cc: Orig. NDA# 50-783

HFD-540/Division File HFD-540/DO/Kelsey HFD-540/PharmTox/See HFD-540/ProjMan/Cross HFD-540/Chem/Vidra

HFD-540/TeamLdr/DeCamp

filename: N50783.000

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